



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

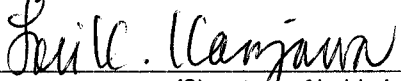
(Type or Print Clearly)

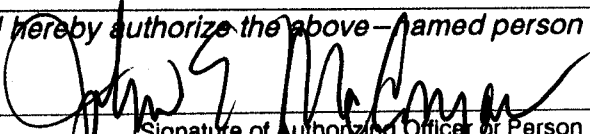
STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
KAIZAWA	LORI	K.	808-524-4155
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1000 Bishop St., Ste. 902	Honolulu	HI	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
ADVOCATES			808-524-4155
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1000 Bishop St., Ste. 902	Honolulu	HI	96813

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
AlohaCare			808-973-1650
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1357 Kapiolani Blvd., Ste. 1250	Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
John McComas			808-973-1650
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1357 Kapiolani Blvd., Ste. 1250	Honolulu	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 (Signature of Lobbyist)	1/16/03 (Date)

PART V AUTHORIZATION TO LOBBY			
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
John McComas	Executive Director		
NAME OF ORGANIZATION (If applicable)	TELEPHONE		
AlohaCare	808-973-1650		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1357 Kapiolani Blvd., Ste. 1250	Honolulu	HI	96813
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		1/22/03 (Date)	